

picture, as they would not submit to the test of injecting the lower bowel.

#### SUMMARY AND CONCLUSIONS

1. The union joining the twins is fibrous and not bony, and measures eighteen inches in circumference.
2. It is flexible and somewhat elastic, as demonstrated when one brother holds the other at right angles.
3. There is no inter-relation between their urinary tracts, as evidenced by the phthalein test.
4. There does not appear to be any perceptible interchange between their blood streams.
5. Lucio has a perfectly formed coccyx.
6. Simplicio has a rudimentary coccyx.
7. Lucio has a functioning rectum and anus.
8. Simplicio has an imperforate anus.
9. The rectum of Simplicio empties into that of his brother, Lucio.
10. From these studies we feel convinced that these twins could be separated with comparative ease without jeopardizing the life of either.
11. The chief difficulty lies in the operation on the rectum of Lucio, and the rectum and sigmoid of Simplicio.
12. Whether the artificial anus of Simplicio would function could only be determined by operation.

548 South Spring Street.

**Women's Magazines That Read Like Quack Medical Journals**—"Many pages of several women's magazines are filled with untrue information in physiology and hygiene, dressed in attractive form and color, and repeated over and over every week or month," says the New York State Journal of Medicine editorially. "And alongside of the misinformation there may be a column or two of real information on some food topic or hygienic measure, but the scientific article is seldom repeated or dressed attractively. Moreover, the advertisements force themselves upon every reader, while the scientific article is read by only a small group, and is studied by still fewer."

**Just Doing Nothing**—"So I'm going to a place I know well, where there are no papers and no telephones, and where the mails are three days late. I am going to tramp the hills and rest in the forest and swim in the lake, just me and myself; and I'm going to lay me down under a bearded old cedar and let my mind drift off across the lake to the blue haze of the distant hills—'the hills whence cometh my help.' By and by, when I feel the current of power strong within me, when my emptiness has been filled from the limitless reservoirs of the earth, I am coming back. Truly, a man should be about his business."—Angelo Patri (Cosmopolitan).

"Psychiatry, like each of the other branches of medicine, has come to be recognized as one of the subdivisions of the great branch of biology, free to make use of the scientific method, duty bound to diffuse the knowledge that it gains, and privileged to contribute abundantly to the lessening of human suffering and the enhancement of human joys, says Edward A. Strecker in the Atlantic Medical Journal. "General practitioners of medicine and medical specialists, at least the more enlightened to them, welcome the developing science of psychiatry, are eager to hasten its progress, and will gladly share in applying its discoveries to the early diagnosis, the cure and the prevention of disease."

## EDITORIALS

### ON BEING "OVERDOCTORED"

We are all familiar with the story of how a court jester of the sixteenth century won a goldpiece by proving to the king that there were more "doctors" than there were any other class of people. The jester bandaged his face, put on a look of suffering, and fared forth in the streets. Every person he met had a remedy to propose. At last the jester returned to the king and he, too, offered remedies for his suffering vassal, who thereupon removed his bandages and claimed his goldpiece.

Amateur "doctors" are about as numerous now as they were in those days. Professionals are more numerous than they were then. It is easier to get a license to practice the healing art in California now than it was in the days of the king's jester story. In spite of that fact, only a comparatively small number of persons engaged in diagnosing and treating disease bother to take out a license of any kind. Probably between 30,000 and 40,000 persons are engaged in the practice of medicine in California. With a population of approximately four million, therefore, nearly one in each hundred of population is some sort of a "doctor."

The following estimate of legitimate physicians, "doctors," and "healers" of the state is not claimed to be accurate because accurate figures are impossible to get, but in the aggregate the estimate is conservative:

Physicians, 8000. Osteopaths, 2000. Chiropractors, 6000. Midwives, 2500. Naturopaths, sanipractors, and miscellaneous drugless practitioners, 2000. Christian Science healers, 3000. Preachers and other mental, emotional, and religious healers, 2000. Electronic vibrationers, light manipulators, and others of this group, 500. Psychologists, psychoanalysts, and others in this group, 500. Dietetic and nutrition "doctors," 200. Mail-order "doctors," 500. Counter prescribers and patent medicine vendors, 2000. Representatives of various educational, welfare and uplift organizations who are diagnosing and treating disease without adequate education or license, 1000. Miscellaneous special fakirs of one sort or another not included in the above, 500. Medical, health, longevity and similar institutes; stores, shops, organizations or what not that are practicing medicine as organizations and not as individuals, 1000.

These figures do not include the large and useful groups of nurses, public health nurses, medical social workers and other technicians engaged in their useful and legitimate work under supervision of physicians, health officers, hospitals, and other necessary organizations. The list includes only those who are engaged in diagnosing and treating disease. Comparatively few of these people are licensed to do the things they are doing. License is so easy to get in California that most any person with a com-

mon school education and a fad can get one. The requirements for licensure are constantly being made easier, and yet the number of unlicensed "doctors" increase in number and variety.

There is no law in California that requires adequate education for the practice of the healing art. Even the "Medical Practice Act" is a miserable compromise between various types of expediency, and the other laws are even less efficient. They are all ineffective as to punishment for their violation, and they are both ineffective and dangerous when considered from the standpoint of community health.

The fact that our State stamps its approval upon "doctors" so easily and makes such inadequate distinctions between the educated, the uneducated and the fakir is becoming widely known. This local condition has a reputation of being so confusing that hundreds of visitors coming to the state are careful to bring with them a list of educated physicians in various parts of the state. They consider this as much of a necessity as if they were going on a visit to some Oriental country. The office of the physicians' association receives many inquiries of this character from all parts of the world from other physicians, hospitals, business houses, tourist agencies, hotels, banks, and individuals.

#### HOW MANY MIDWIVES ARE THERE IN CALIFORNIA

**Answer: No one knows**

Our readers will remember that some months ago wide publicity was given to a statement that there were but an insignificant number of midwives in California. Those familiar with the health situation felt that this statement was very inaccurate. We started out to get the facts. The investigation has not gone far yet, but the results to date are very enlightening.

According to the records of the State Board of Medical Examiners, there are 11 licensed midwives in the city and county of San Francisco. According to the figures of the city and county health officer, there are 105 registered. Doctor Hassler, health officer of the city and county, supplies us with the names and addresses of these 105 people who are registered, and according to the tax-collector's records 18 of them are licensed by that bureau.

If these facts obtain elsewhere in the state—as they probably do—the number of midwives practicing legally and illegally in California is in the thousands rather than hundreds as has been claimed. Some of these, although not holding state licenses, are nevertheless allowed to pay their taxes as midwives to political units to practice obstetrics.

There ought to be closer co-operation between various licensing and tax-collecting departments of our state and local governments, particularly as it applies to the conservation of the public health. Legally, only the Board of Medical Examiners has authority to license midwives, and county and municipal tax-collectors should refuse to collect taxes from people not so licensed. We may confidently expect that the Board of Medical Examiners will

check up with the tax assessing and licensing departments of cities and counties and with records in health offices of various political units, and prosecute people who are practicing midwifery without a license from their board as required of them by law.

#### EXTENSION WORK OF THE CALIFORNIA MEDICAL ASSOCIATION

Under the general title of "Extension Service," the California Medical Association has for many years been developing and expanding a graduate instruction movement among its county societies and members. The secretary of the association has on hand an ever-changing list of speakers and their subjects which she is ready to supply to any county society, or any other worthwhile organization, desiring a speaker for any meeting. Some of the members also have signified their willingness to conduct clinics and render any other graduate service they can to their fellows upon request. The volume of this work has constantly increased, and the movement has spread in one form or another until now it is widely carried forward in a large part of the country.

Doctor Emma W. Pope, secretary of the association, is now preparing a revised list of the Extension Service offered, and all members interested in the subject are requested to communicate with her, giving her one or more titles they are willing to discuss before medical meetings and semi-medical meetings, and at the same time to inform her whether or not they are willing to conduct clinics, and if so upon which particular branch of medicine.

This is one of the most important services that physicians can render to each other. Those who can and are willing to serve should notify the secretary promptly, so that the list may be published and distributed throughout the Western States.

#### FACTORS INVOLVED IN THE DISTRIBUTION OF MEDICAL KNOWLEDGE

Medical progress moves forward in irregular cycles. Medical literature follows along these same cycles. An outstanding discovery is made and thousands of students take up the subject, elaborate it, modify it, carry it far into fields unthought of by the discoverer. The final findings become incorporated in text-book literature; and medical thought of the pioneering type takes up something else.

In recent years, movements in medical investigation of new subjects and restudy of old subjects have been promoted by other forces: particularly by public interest aroused by the exposition of theories in the public press. If one with a special idea, theory, or fact can arrange for sufficient advance publicity, a new society—often a national one—will be organized by those who know how to capitalize free publicity, and within a short space of time real medical investigators are at work on the problem and medical literature is reflecting the findings.

Just now, we are having a run of much-needed investigation upon the various problems connected